

# Gift to Agency Report

## A Public Document

GIFT TO AGENCY REPORT

### 1. Agency Name

Managed Risk Medical Insurance Board

Division, Department, or Region (if applicable)

Date Stamp

2010 MAR 30 PM 4:16

California Form 801

For Official Use Only

Street Address

1000 G Street, Suite 450; Sacramento, CA 95814

Area Code/Phone Number

(916) 324-4695

E-mail

drushton@mrmib.ca.gov

Agency Contact (name and title)

Diana Rushton, Filing Officer

☐ Amendment (explain in comment section)

Date of Original Filing: (month, day, year)

### 2. Donor Name and Address

☐ Individual

Last Name

First Name

☒ Other

Center for Health Improvement-NASHP

Name

1330 21st Street, Suite 100

Sacramento

CA

95811

Address

City

State

Zip Code

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

If applicable, identify the name of each source and the amount(s) solicited or received by the donor for this gift:

Name	\$	Amount	Name	\$	Amount
------	----	--------	------	----	--------

### 3. Payment Information

Date and Amount of Payment (other than travel)

(month, day, year)

\$

(Round to whole dollars)

Travel Payment Information (Round to whole dollars)

Location of Travel

Long Beach, California

10/4- 10/7/2009

Date(s) of Travel

\$ 424.68

Transportation Expenses

\$ 379.89

Lodging Expenses

\$ 10.00

Meal Expenses

\$

Other Expenses

\$ 814.57

Total Expenses

Provide a specific description of the nature and use of the payment for official agency business:

To attend the National Association of Health Plans Conference in Long Beach, California

Identify the officials for whom the payment was used:

Cummings

Last Name

Lesley

First Name

Executive Director

Title

MRMIB/Executive

Department/Division

Last Name

First Name

Title

Department/Division

### 4. Verification

I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.



Janette Lopez

Print Name

Chief Deputy Director

Title

1/28/10  
(month, day, year)

Comment: (Use this space or an attachment for any additional information.)